

ELK GROVE HIGH SCHOOL - ASSOCIATED STUDENT BODY

FINANCIAL TRANSACTION FORM

INSTRUCTIONS FOR COMPLETING FORM

1. Purchases may be made by purchase order or by check with prior approval and with proper documentation.
2. Request forms are to be turned in to the Controller's Office for processing at least 14 days prior to date needed.
3. **PROHIBITED EXPENDITURES.** In addition to Education Code 48934, which deals with the use of student body organization funds, it should be noted that certain expenditures are prohibited:
 - a. Equipment, supplies, forms and postage for curricular or classroom use or for district business.
 - b. Repairs and maintenance of district-owned equipment.
 - c. Salaries or supplies which are the responsibility of the district.
 - d. Articles for the personal use of district employees.
 - e. Gifts, loans, credit, or the purchase of accommodations for district employees or others.

Date of Request: _____ **Account Number:** _____ - _____

Requested By: _____ **Group/Team/Club:** _____

Advisor Signature: _____

Required for Student Organizations including Clubs, Councils, and ASB Council

Student Representative Signature: _____

A copy of meeting minutes with expenditure approval. Date approved: _____

The following transaction is requested:

- Purchase Order (School will order and pay vendor. Requestor is to provide quote or estimate that includes sales tax and shipping.)
- Prior Approval (Required for all purchases not utilizing a PO.)
- Check (PRIOR approval must have been obtained. Original invoice, receipt, etc. must be attached)

Date needed: _____

Mailing Instructions: Mail Scan & email to _____
 Will Pick Up Teacher/Advisor Box Fax to number: _____

Vendor: _____
(Enter the name of the person or company to whom the check/purchase order will be made payable. Individuals MUST have a bank account.)

Attn: _____ **Quote/Invoice Number:** _____

Address: _____

Street Number/P.O. Box #/etc.
City
State
Zip

Quantity	Unit	Description	Unit Price	Total

Date of Meeting When Approved: _____ / _____ / _____

Required Signatures:

ASB Student Representative: _____

Activities Director: _____

Principal: _____

Sub-Total	
Discount	
Sales Tax	
Shipping	
TOTAL	